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Test.

VS A15 (4) 15M 10/57

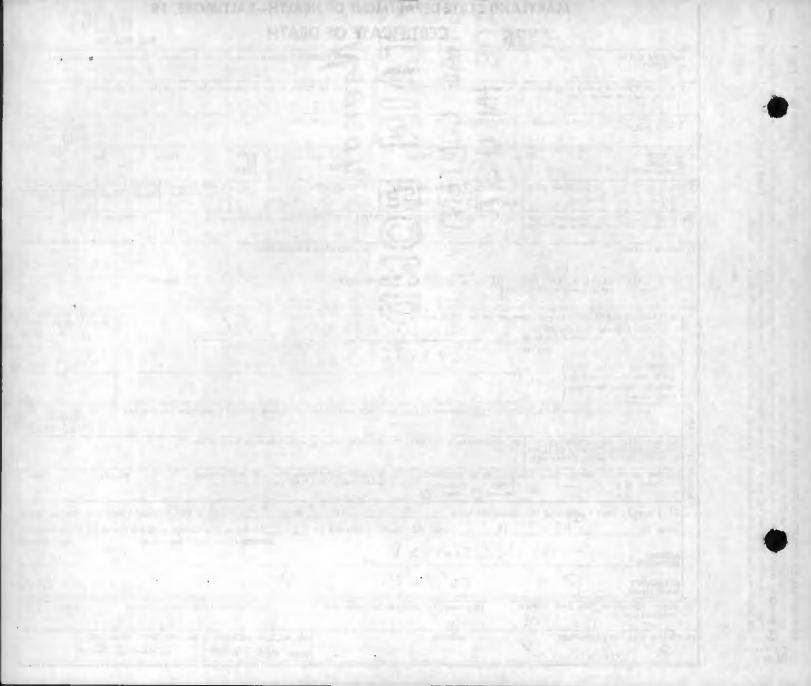
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04264

	43	75	CERTIFIC	Reg. Dist. No.				
1. PLACE OF DEATH a. COUNTY			MARYLAND	2. USUAL RESIDEN		eased lived. If institu		
	Garrett	-			Marylo	0.101	Am.f.a	U-U
b. CITY OR TOWN RURAL and give	I (If outside carporate fim nearest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOV	NN (If autside a	arporate limits, write	RURAL and give	nearest town)
	rantsville		Life	XRurel	Grants	vil e		
d. NAME OF HOS OR INSTITUTION	PITAL (If not in haspital, (N	jive street	address)	d. STREET ADD	RESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOHN	st .	Middle A	BUTLER	4. DA OF DE/	re Mo	nth 23	Day Year
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.
Male	White	WIDOWI	DIVORCED	June 5.	1876	82 yrs		Hours Min
during most of w	arking life, even if retired)	KIND OF BUSINESS OR IND			Garrett	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MA	The second secon			
Am	os Butler			Han	neh Du	net		
IS. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	LICIT ATTA		dress	
(Yes, no, or unknown)	(If yes, give wor or dates of I	ervice)		es Melde	D 47	arente		307
Canditions, if gave rise to cause (a), statir lying cause las	immediate ag lhe under-	1	arte	riosel	eros	ā		10 grs
3			CONTRIBUTING TO DEATH BU				VEN IN PART 1(a)	PERFORMED? YES NO
	WAS UNDERLYING ON CAUSE OF DEATH FY MEDICAL EXAMINER)	WO	CRIBE HOW INJURY OCCURE	ED. (Enler nature af in	jury in Part I or	Part II af item 18.)		
ZOc. TIME OF INJ Haur a. m p. m	10	20d. It While at war	_ Not while	PLACE OF INJURY (Hon actory, street, affice blo	ne, farm, 20f. dg., elc.)	(City or tawn)	(Coun)	y) (Stole)
21. I certify alive on	that I attended the	decease , 19	reli	th occurred at 2	:15pm, f		and an the a	saw the decease late stated above DATE SIGNE
SIGNATURE	P. W.	80	TO TLE	R 349	Mari	n St.	Mono	andela l
22a. BURIAL, CREMAT REMOVAL (Special	ION, 226. DATE THEREC)F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LC	CATION (City, town,	ar county)	(State)
Duriel	1./26/59		Grantsvil	10	Gra	ntswille		
23. FUNERAL DIRECTO	DR'S SIGNATURE	1	ADDRESS		a. REC'D 8Y RE		ISTRAR'S SIGNAT	
400171	Woman		Grantsville	. Md. D	ATE APR 2	8 '59 (Inthun 8. 1	traces

DATE APR 2 8 159

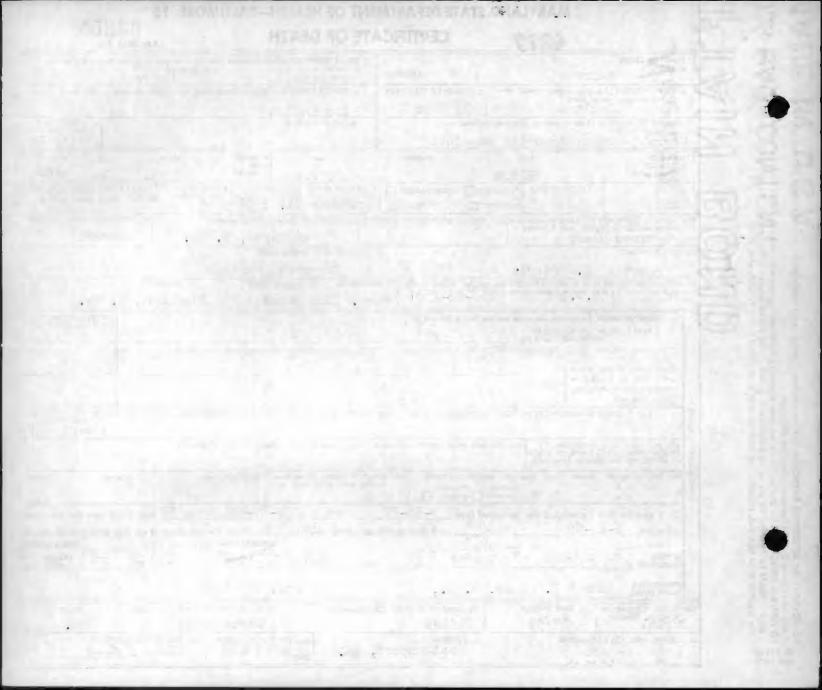


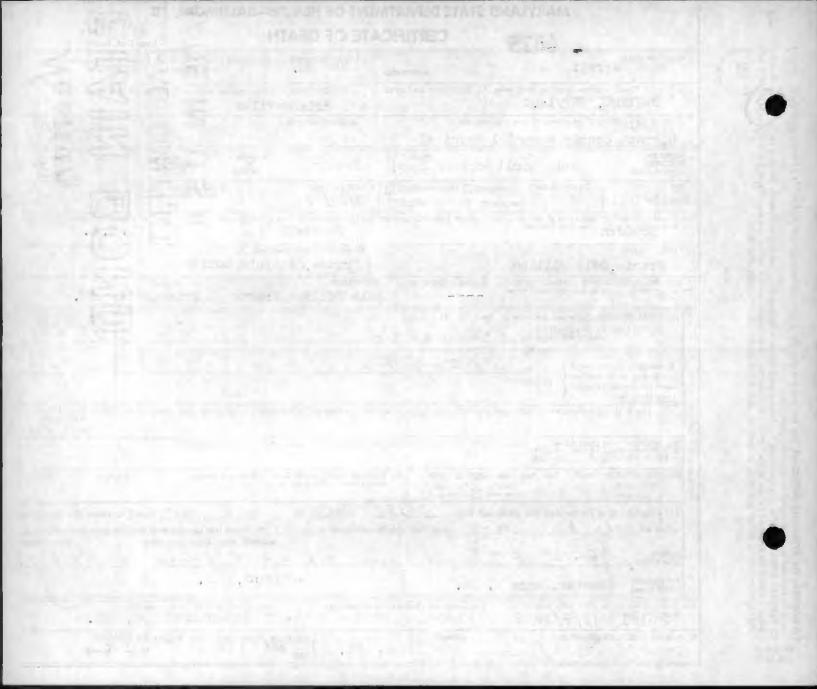
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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VDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death. Fage 4	hospital ar attending physician. After this certificate has been signed by the ottending physician and campletely filled in by the fall director, the for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with	iriol, cremotion, or removal, and in any event within 72 hours after death.

	437	7	CERTIFIC	CATE OF I	PEATH	1		Reg. Di	st. No.)()	
1. PLACE OF DEATH S. COUNTY	arrett	· · · · · · · · · · · · · · · · · · ·	MARYLAN	I G STATE		nere deceased lived	b. COUNTY	on: Resider		re odmiss	sian)
RURAL and give ne	outside corporate limi arest town) akland	ts, write	c. LENGTH OF STAY IN 1	b c. CITY OR	c. CITY OR TOWN (If autside carporole limits, write RURAL and Bloomington						
d. NAME OF HOSPIT. OR INSTITUTION Garrett Co	AL (If not in hospital, ounty Memor		oddress)		d. STREET ADDRESS					ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fit	imon	Middle	Fari		4. DATE OF DEATH	Man	m ril	Do 21		Yeor 1959
5. SEX Male	6. COLOR OR RACE White	7. MARI	HED NEVER MARRIED E	B. DATE OF BIRT		T COO los	E (In years birthday) O yrs.	Manths	Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Retired	ing life, even if retired	done 10b.	KIND OF BUSINESS OR IN			ar foreign country)			mer:		COUNTRY
13. FATHER'S NAME Jacob	L. Farr	is		14. MOTHER'S		Forback					
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		36 03 0581	thurs. John	(Daugh	,	Piedme		W. 7	Ja.	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO	, M	ne for (a), (b), and (c).] your candi illumary	Euph	De	mare			S S	ERVAL BEET AND	ETWEEN DEATH
CATIO	(c)	DITIONS (YEM - S					'EN IN PAI	RT 1(a) 1	9. WAS PERFO YES [DRMED?
-	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye		NJURY OCCURRED 20e	PLACE OF INJURY	Home, farm	n, 20t. (City or to			County)		(State)
20c. TIME OF INJURY Hour o, m, p, m.	19	While at war		factory, street, offic			20	2			
alive an	at 1 attended the 24-59 udmw	J /		9, 1959 ath accurred at	10:21	-24-59 AM, from the AppRESS (Street, of	causes a	ind an I		te stat	decease ed abav
	ndrew E. M				kland	, Marylan		/			
220. BURIAL, CREMATION REMOVAL (Specify) BUT181	4/27/59)r	Philos	Y OR CREMATORY		Western	port			Md.	
23. FUNERAL DIRECTOR'S	SIGNATURE		Westernpo	rt, Md.	240. REC'	R 2 8 59	24b. REGIS	Thun &			





VS. A15ME(5)

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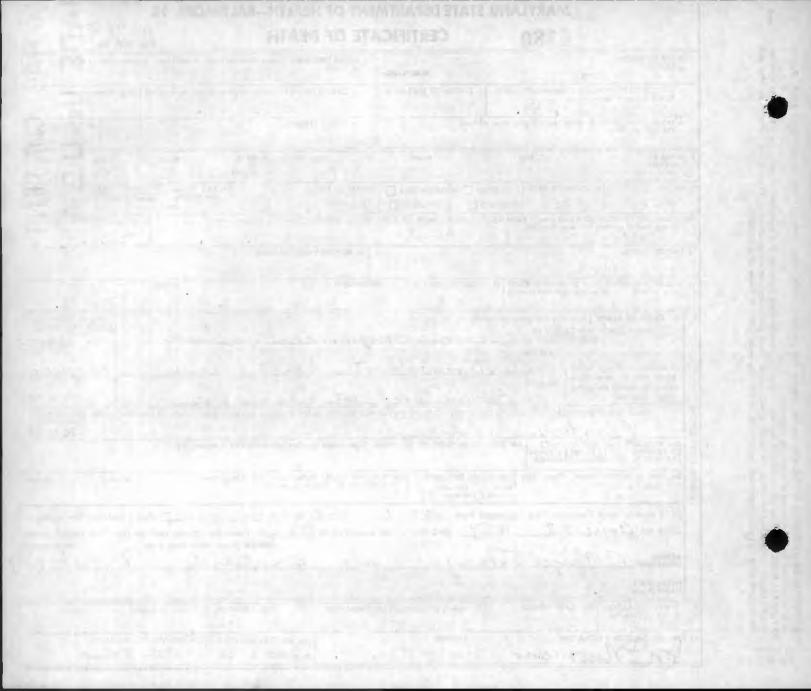
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				ATE DEPARTME EXAMINER'S				18 () 45 Reg. Dist.	367 No.					
	LACE OF DEATH	CTT		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE MARYLAND b. COUNTY GARRETT									
_	and give nearest town)	outside corporate limits, write	BURAL C	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
S		or institution (Oakland,			d. STREET ADDRESS o. 15 REI ON A YES									
P	YAME OF DECEASED Type or print)	GERALI		Middle EUCENE	GANK	4. DATE OF DEATH	Month APRI	-	kay	Year 19 59				
. 5	Ex	6. COLOR OR RACE	7. MARRIED		. DATE OF BIRTH		9. AGE (In years	IFUNDER TYE	AR IF UN	DER 24 HRS.				
M	IALE	WHITE	WIDOWED		APRIL 10th.	, 191	la3 yrs.	Months Day	s Hours	Min.				
00	usual occupation working	N (Give kind of work life, even if retired) ET	Stanle;	y Coal Co.	Marylar		ountry)	U.S.		T COUNTRY?				
3.	FATHER'S NAME George	e Gank			Mary Etta		lner		317	dell'				
5. Yes		R IN U. S. ARMED FO		CIAL SECURITY NO. 17. IN 0-10-284 1	Mrs. Wayne	Bise	Address Oal	land,	Md.					
	PART I. DEATH	iote couse	FRAC	(o), (b), ond (c), } TURED SKULL				10	NTERVAL BETT DNSET AND D IMMED	DEATH				
TEATION				RIBUTING TO DEATH BUT N				EN IN PART 1(c	19. WAS PERF YES	ORMED?				
CERT	PRIMARY DE OF CON CAUSE OF DEATH.	DOBUITNG LEE		OW INJURY OCCURRED. (E				ND, MD.						
WEDICA	7:30 p.m.	4-9-59 19	While at wark	at work MIGHW	ory, street, office bldg., etc. IAY	Near	OAKLAND	GARRE T		(Stote)				
	death resulted		couses .	Accident Accident	cide , Homicide	, Un	spection 21 , adetermined co	Inquiry ause		find that				
	EXAMINER'S JAI	ES H. FEAS		4	ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINE		4-	9-59					
2a	BURIAL, CREMATION	4/12/19		akland Ceme		100	and, Ma:			ofe)				
3.	FUNERAL DIRECTOR'S	erd he	ton	ADDRESS Oakland	Md. DATE	BAY REGIST	RAR 246. REGIS	TRAR'S SIGNA						

MEDICAL EXAMINET'S CIRTIFICATE OF DEATH ----WINDS THE THE PARTY OF THE PART the state of the same of

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 50 may be retained by the haspital or attending physician.	TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the	(4)	7

MARY	LAND	STATE DEPA	RTM	ENT OF H	EALTH	-BAL	TIMORE, 1	8			
438(}	CERTI	FIC/	ATE OF D	EATH	1		1143 Reg. Div	68		
1. PLACE OF DEATH D. COUNTY Garrett		MARY	LAND	2. USUAL RESID	_	ere deceased	l lived. If institution b. COUNTY	Garr			on)
b. CITY OR TOWN (If outside carporate lim RURAL and give nearest town)	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	utside corpo	rote limits, write R	URAL and gi	ve near	rest fown	1
Grantsville, Mo		7 month	S	X Gran	tsvi	lle,	Md.				
d. NAME OF HOSPITAL (If not in hospital, or INSTITUTION	jive street	address)		d. STREET AL	DDRESS					ON A	FARM?
3. NAME OF Fi	3l	Middle		Lost		4. DATE OF	Mon	lh	Day		feor
(Type or print) CEORGE		WASHIN	GTO	N HARE		DEATH	Anri.	L	29	1	959
S. SEX 6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D 🔲	B. DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER 1			
lale White	WIDOW		- ;	March 3	, 18	75	DE YES.	Months I	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b.	KIND OF BUSINESS O	RINDU	STRY 11. BIRTHPL	ACE (Slote o	or foreign co	ountry)	12. CITI2	ZEN OF	WHAT	COUNTRY
Retired farmer		oun farm		Garr	ett	Co.,	Md.	U.	S.A		
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME					
<u> </u>				Ra	chae	l Spi	ker				
15. WAS DECEASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. I	NFORMANT			Addi	ess			
		none	1	rs Carn	ie II	oover	, Gran	svil	le,	Md	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CON	an	teriose energles	les Les LATH BUT	otic portion of arter	Les THE TERMIN	t di La NAL DISEASE	SECRE TESLA CONDITION GIV	EN IN PART	10	S 49 S 49 S 49 WAS A PERFOR	CCPO AUTOPSY
PART II. OTHER SIGNIFICANT CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUT	20b. DES	J Luce	CCURRE	D. (Enter nature of	injury in P	art I or Part	II of item 18.]			YES 📉	
20c. TIME OF INJURY Month, Doy, Ye Hour e.m. 19	While of wor	Not while	20e. PL/ for	ACE OF INJURY (H ctory, street, affice	lome, farm, bldg., etc.)	20f. (City	or lown)	(Co	ounty)		(State)
21. I certify that I attended the alive on agril 28 ACTUAL SIGNATURE A. PAIGE PHYSICIAN'S NAME (Type) A. PAIGE	decease , 19_4	59,, and that		M.D	130/4	M, from	1957 the couses of reet, city or town,	nd on the	e dote	w the contract of the contract	deceased above the significant of the significant o
220. BURIAL, CREMATION, 226. DATE THEREO	F	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCAT	ION (City, town, o	r county)		(State	:)
REMOVAL (Specify) 5/2/50)	Thomas	Rit	inger		Jenni	ngs Gar	met.t.	Co)	Md.
23. FUNERAL DIRECTOR'S SIGNATURE	1	ADDRESS			24a. REC'E	BY REGIST	RAR 24b. REGIS	TRAR'S SIGN			
Hon I Y Cumun	1	Grantsvi	lle	, Md.	DATE MA	Y 4 '5	9 a	thus L	times	4	



1. PLACE OF DE

B. CITY OR TO

d. NAME OF OR INSTITUTE GIVEN

NAME OF DECEASED (Type or print

Fema 10e USUAL OCC during most House 13 FATHER'S NA Ber

15. WAS DECEAS (Yes no or unknown)

CAUSE PART

Condition gove rise couse (a), lying coust

200. ACCIDE OR CONTRIE (IF EITHER, N

20c. TIME OF Hour

21. I certi alive on_

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type

220. BURIAL, CRE 23. FUNERAL DIR

PART

CERTIFICATION

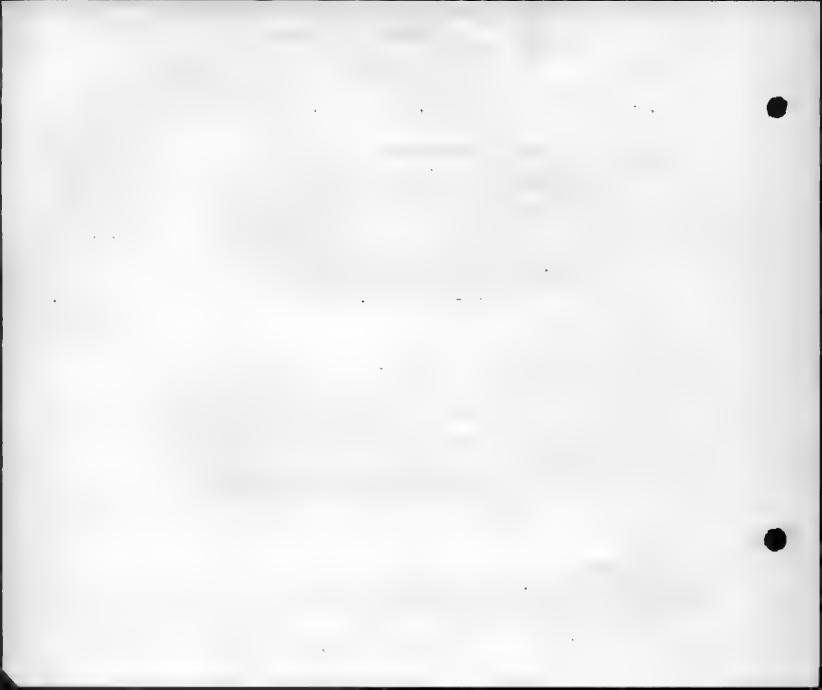
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5. SEX

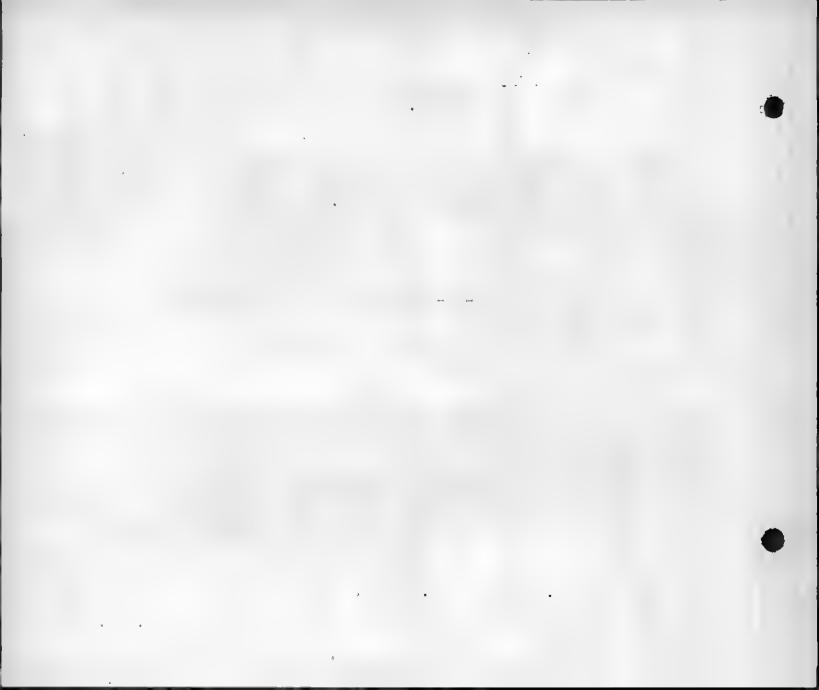
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18													
4381 CERTIFICA	ATE OF DEATH	(1430 Reg. Dist. No											
АТН	2 USUAL RESIDENCE (Where decease	d lived If institution: Residence befo	ere admission)										
arrett MARYLAND	Maryland	6 COUNGarrett											
own (If outside corporate limits, write give nearest town) Lake Park, 10 yrs.	c. CITY OR TOWN (If outside corpo	prote limits, write RURAL and give ne	arest lawn)										
HOSPITAL (If not in hospitol, give street oddress) TION Street	d. STREET ADDRESS	ONAF											
First Middle	Losi 4. DATE	Month De	y Yeor										
Louisa Eva	Johnson DEATH	April 17,	19 59										
6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH		IF UNDER 24 HRS										
Le l'hite WIDOWED T DIVORCED	May 13, 1887	last birthdoyl Months Doys	Hours Min										
UPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU of working life, even if retired) WITE OWN HOME	STRY 11. BIRTHPLACE (Stole or foreign of Pennsylvania	U.S.A	OF WHAT COUNTRY?										
ME	14 MOTHER'S MAIDEN NAME												
njamine H. Long	Mary Byrne												
: (If yes, give wor or dates of service)	NFORMANT v. Frank Johnso	Address n Gormania, W	Va.										
F DEATH [Enter only one couse per line for (o), (b), and (c).]	2	LINT	ERVAL BETWEEN										
I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Caranary	accelerion	Acreto ON	SET AND DEATH										
DUE TO	1 1- 6	1	2.0										
s, if any, which to immediate (b) Mercote	elestic Car	diovancular	Il years										
toting the under-		disease	Ü										
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO []										
NT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	D. (Enler nature of injury in Port I ar Pai	ri II af slem 18.)											
INJURY Manth, Day, Year 20d. INJURY OCCURRED to a. m. While at work of work 20 to work 19	ACE OF INJURY (Home, form, 20f. (Cinctory, street, office bldg , etc.)	y or town) (County)	(Stole)										
fy that I attended the deceased from March 19.5 9, and that depth	occurred at 1:30 M, from	m the causes and on the da	aw the deceased ite stated above. DATE SIGNED										
Herbert H. Leighton, M. I	M.D. / Cak Sheet Oakland, 1	Cakland Md	19Apr.59										
MATION, 226. DATE THEREOF 22c NAME OF CEMETERY O Eglon Cemet	R CREMATORY ESTO	n, Preston Co.	(State) Va										
ADDRESS Oaklar	id . Nd 240. REC'D BY REGIS												
Leignon	DATE APR 21	59 arthur S. tan	us										

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **参照MEDICAL EXAMINER'S CERTIFICATE OF DEATH** please exerished se cremation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) . COUNTY arrett o. STATE Maryland b. county Garrie t.t. MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shall mars Shallmar yrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES.DENCE ON A FARM? YES | NO F 3. NAME OF First Middle DATE Month DECEASED 19. Kato OF DEATH April 59 Frank (Type or print) 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In yours IFUNDER TYPAR IF UNDER 24 HRS. retained f Sept. 15. Male White Dovs Hours WIDOWED P DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) m 12. CITIZEN OF WHAT COUNTRY? during most of working life, even it retired)
RETIPED COAL WINER ond |Soft Coal Mines Russia Russia and ě, may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address From Papers on his 216-01-4857 no person 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Myocardial Infarction, acute hour IMMEDIATE CAUSE (a) 420,1 DUE TO Arteriosclerosis Conditions, if any, which) gove rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 50 PERFORMED? used 0 NO I 20g EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg , etc.) Hour o. m. White Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes [7], Suicide . Homicide . Undetermined cause . Accident ... forwarded to the TO FUNERAL DIREC **ACTUAL** DATE SIGNED ASSISTANT MEDICAL EXAMINER 5-1 € -59 Caster, Jr., L. J. DEPUTY MEDICAL EXAMINER cute the James H. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CHEMATORY 22d. LOCATION (City, town, or county) (State) Calbaugh Cemetery Elk Garden. W. Va. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) APR 2 7 '59 Oakland, Md. arthur & House SM 9/55

DEPUTY MEDICAL



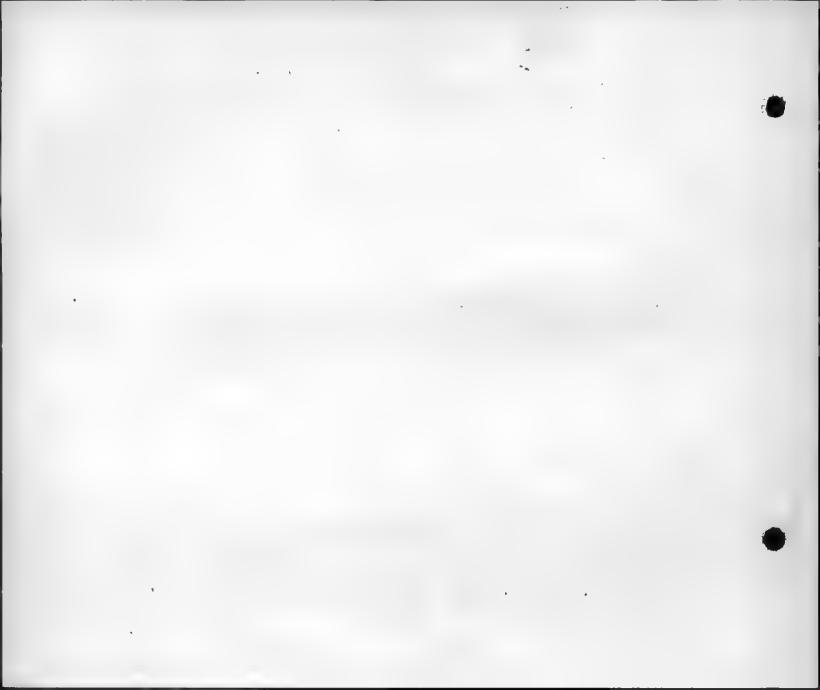
1	MARYLAND STATE DEPARTM	NENT OF HEALTH—BALTIMORE, 18 04371
ر با دعود ب	4383 CERTIFIC	ATE OF DEATH Reg. Dist. No.
Page director	1. PLACE OF DEATH o. COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before odm ssion) o. STATE b. COUNTY Garnett
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
P P P	Oakland	X Oakland Runal
s after 2 show	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	street address e. is residence on a farm? The state of 1 Tox 135 VES ON NO PT
ond in the	Garrett Co. Lerocial Hospital 3. NAME OF First Middle	Lost 4. DATE Month Day Year
n 24 illed es 1	(Type or print) Curtis Vayne	OF THE STATE OF
Pag Pag	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 12 9. AGE (In years lent brilday) Months Days Hours Min
comple papers.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	April 14, 1, 59 1, 8 yr
xecui d con deoth	during mosk of working life, even if retired)	ISTRY IN BIRTHPLACE (State or foreign country) Oakland, Maryland Ar rice
n and rrban iter de	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
cale sicion ve cal	Melvin Fray Kisner	Eva Kaa Hoon
ng physicis e remave o	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Lt. 1 0x 135
ding ding		lother" Eva M. Kisner Orkland,
ottending of withing	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
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s the	Conditions, if any, which) (b)	*
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cian cian sen si and	lying couse lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
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rending fiticole the bu	UF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter noture of injury in Part I or Port II of item 18.)
ar att	Hour o.m. While Not while	ACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) ctary, street, office bidg., etc.)
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hed the		occurred at
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or o	SIGNATURE CHICKEN / MUSICO	MD. QALLAND JAM 134m J
AL DAL Phaule	PHYSICIAN'S Andrew E. Jance. 1. D.	Cakland, Laryland
NEW	220 BURIAL, CREMATION, 226, DATE THEREOF 220 NAME OF CEMETERY C	R CREMATORY 22d LOCATION (City Jown, or county) (State)
may boge poge the re	Bullia 14/13/1959 Oakland Cen	netery Oakland, Md.
VS A15 (4) 15M 10/57	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oakland	APR 2 0 '59 Carling & Tomas
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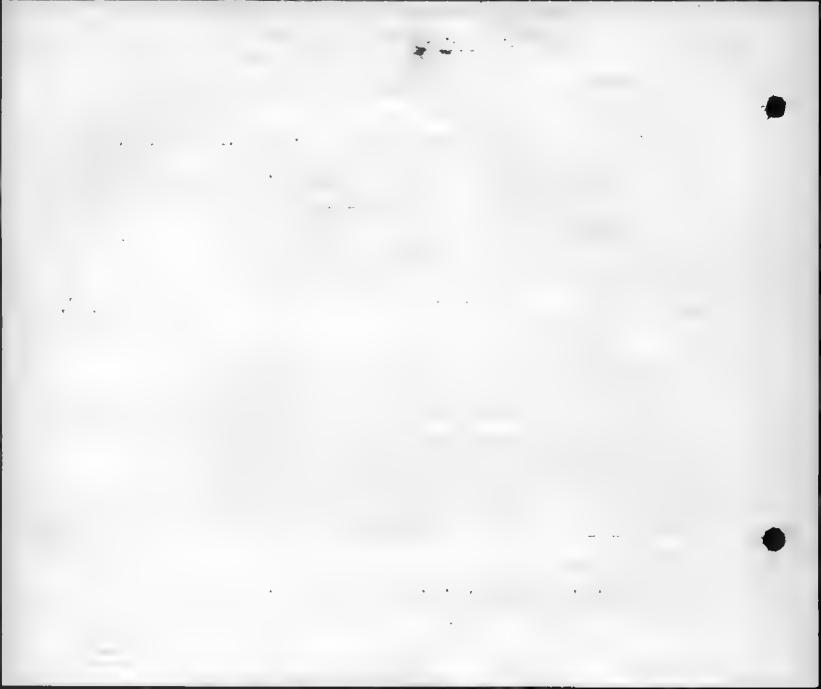
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			Item 4, Film G241 CERTIFICATE OF DEATH (1437)
ol director, filed with	M	1. F	ACE OF PEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE (Va. b COUNTY Garrett
showid be fi		t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) GOTMania
NN U/	/」	(NAME OF HOSPITAL (If not in hospital give street oddress) or INSTITUTION TELL County memorial Hospital Telegraphics (If not in hospital give street oddress) on A FARM? YES [] NO []
lled in b		- 1	AME OF Lulis Jöseph Uniddle Lulis 4. DATE Month Day Year Secased type or print) 4. DATE Month Day Year OF DEATH April 3 1959
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cian and car carbon pap s after death		13.	ATHER'S NAME LULIS, Jack 14 MOTHER'S MAIDEN NAME UNKINOWN
ng physicie remave o 72 hours		15. (Yes	vas deceased ever in u. s. armed forces? 16 social security no or unknown) 17. INFORMANT Address Gormania, 18. Va. Self Lulis, Joseph Gormania, 18. Va.
ottending n please r		-	PART I. DEATH WAS CAUSED BY: [INTERVAL BETWEEN ONSET AND DEATH STRANG
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signed t permi			gove rise to immediate couse (o), stating the <u>under-lying couse lost.</u> (b) DUE TO
hysician. s been si al-transit wal, and	0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
nding ph) cate has he burial- ar remove		CERTIFIC	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
or afteriffication,		MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. While Not white of work of
haspital After th sed for ial, cre		~	21. I certify that I attended the deceased from 1-15, 1955 to 4-3, 1959 that I last saw the deceased
by the dorth			ACTUAL ACTUAL DATE SIGNED ACTUAL ACTUAL DATE SIGNED ACTUAL
RAL DIREC should be strar prior	j		PHYSICIAN'S NAME (Type) Dr. Andrew E. Mance Oakland, Maryland.
oy be FUNE 2ge 3		220	BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, Town, or county) (Stole) REMOVAL (Specify) 4/7/59 CATHOLIC Themas W. A
VS A15 (4)		23	UNIFAL DIRECTOR'S SIGNATURE ADDRESS A
15M 10/57		1	to, winder / / / it



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4385 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY Garrett o. STATE Maryland o. COUNTY MARYLAND Garrett b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 3 Davs Oakland Oakland d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION Garrett County Memorial Hospital ON A FARM? Seventh St., Oakland, Md. YES NO I 3. NAME OF Middle Yeor DECEASED executed within 24 159 Adam April John Michael Srl DEATH (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DE BIRTH AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS 5 SEX Months Davs 68 Male White WIDOWED | DIVORCED | **3_10_**93 YES. 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Candy Wholesaler self employed West Virginia U.S.A. Pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Michael Cornelia Keller Address39 IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending ; no. 232-01-1309 man fall Klizabeth Michael INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 27 3 476 IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work , 19 10, ta 11-11-59 19.59 that I last saw the deceased 21. I certify that I attended the deceased from 1000 ___, 19_co___, and that death accurred at 7:00 AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNERAL E. I. Baumgartner, M. D. Oakland, Maryland ന 220 BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) Oakland. Oakland Cemetery Maryland. 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR Oakland, Md. Civiling & Forme VS A15 (4) DATE APR 1 3 '59 1SM 10/57



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

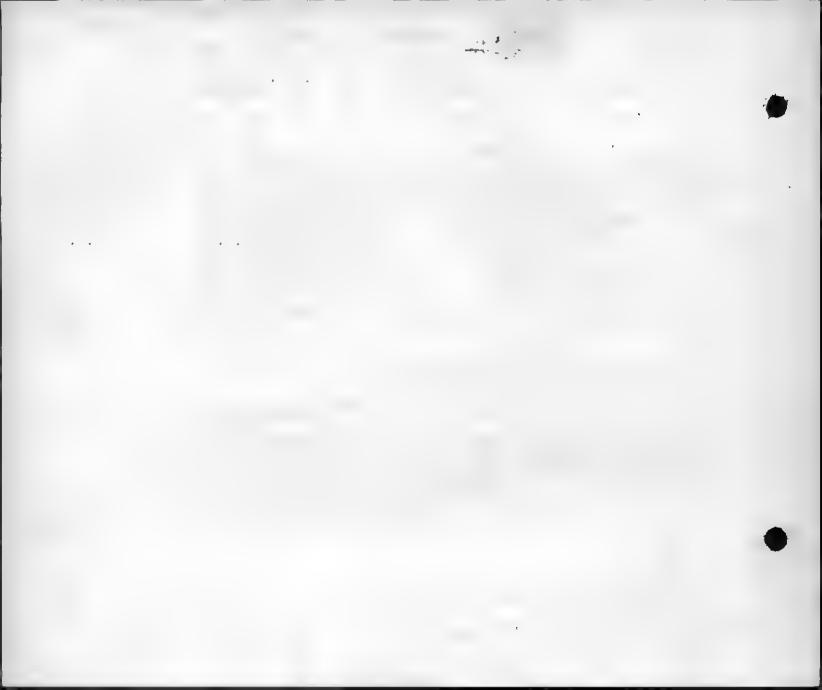
4357

. CERTIFICATE OF DEATH

04375

Reg. Dist. No.

1	D. COUNTY	Garrett		MARYL	AND	g. STATE	V. Va			OUNTY	n: Kesidence Min			
	b CITY OR TOWN (If RURAL and give ne	outside carporate limi	ts, write	c. LENGTH OF STAY IN	dī b	c. CITY OR 1	TOWN (If or	utside corpo	orote limits	, write RL	JRAL and gi	ve nea	rest town)	_
L.	Mt. La			2 yrs			Keys	ser		85	× L			
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street i	oddress)		d. STREET A							ON A FARM?	Ī
L		Weber Nui	rsing	Home		26 Mc	aple A	Ave					YES NO K	
3	NAME OF DECEASED	Fir	st	Middle		las	ıt	4. DATE		Mont	h	Do	Year	Ī
	(Type or print)	Elizal	oeth	(NMN)		MILLI R		OF DEATH	1	t .	21		19	
5	SEX			ED NEVER MARRIED	B.	DATE OF BIRTI	Н		9. AGE [n years			IF UNDER 24 HRS	
	emale	White	WIDOW	DIVORCED		Sept. 1			94	rthdoy) yes.	Manths C	ays	Hours Min	
10	during most of work	N (Give kind of work ing life, even if retired	dane 10b	KIND OF BUSINESS OR	INDUST	RY II BIRTHPL	ACE (State of	or fareign c	country)		12. CITIZ	EN O	WHAT COUNTRY	17
L	House					Flemi	ingtor	7. N.	J.			U.S	. A.	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME						
	U	nknown					Unkno	own						
15	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 IN	ORMANT	A			Addre	ess		1	Ť
1	No	in you, give was an access of t			W.	Lee 5,	Len	2	C>110	und	Ren	77 7	14/1/2	_
	18. CAUSE OF DEA	TH [Enter anly ane ca	use per lir	ne far (a), (b), and (c).]			11	-/	4	7			RVAL BETWEEN	=
		H WAS CAUSED BY:	Q1	TARVATION								ONS	ET AND DEATH	
	450,0	DUE TO										<u> </u>	-	
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	gave rise to in	nmediate (
	cause (a), stating t lying cause lost.	ne <u>under-</u>	SE	iITLuA										
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ATIO						OF RECEIVED TO	, 11 /C + CK/*/10	TAL DISEAS	SE CONTON	1014 0144	LIA IN FARI	1(0)	PERFORMED?	
FE	20g. ACCIDENT WAS	S UNDERLYING []	20b. DESC	CRIBE HOW INJURY OC	CURRED	(Enter noture o	f inairy in P	act Lac Par	rt II of item	1B.1			YES NO	_
CERTIFICATION	OR CONTRIBUTING	□ CAUSE OF DEATH!				truct natero a				,				
		Month, Day, Yes	ar 20d. IN	UURY OCCURRED 2	Oe. PLAC	E OF INJURY (Hame, form.	20f. ICih	v ar lawn)		IC o	uniy)	(State)	-
MEDICAL	Hour o.m.	19	While at work	_ Nat while	facto	ry, street, office	bldg, etc.)	,,		(Co	villyj	famel	
2)							
		of I attended the	decease	ed from <u>12-20-</u>		, 19							w the decease	
	alive on	(-1)(/	, 19	, and that	leath o	accurred at						dat		
	LATTER VO			7 V				ADDRESS (S	street, city of	or lawn, s	itate)		DATE SIGNE	D
П	SIGNATURE	mie /14	<u>/</u>	ender : po	M.	D		-1	<u> </u>					NP-1
ш	PHYSICIANTS	TISSUE TO THE		175 9700 12	**									
	NAME (Type)	* A.A		.9	W 0									-
22	 BURIAL, CREMATION REMOVAL (Specify) 			22c. NAME OF CEMEN				22d. LOCA	TION (City				(Stote)	
	Dunial		4,195		Po	int		Ķеу	ser		t Vir			
27	TUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	10.			BY REGIST		ib REGIS	TRAR'S SIGN	NATUR	E	
1	xarens tu	men Hon	re, A	sixes WI	J.	iske	DATE AP	R 2 4	'59	C	thung &	the	v.4	



	1.	PLACE OF DEATH D. COUNTY Garrett			MAR	rlan o	2 USUAL RESIDENCE • STATE Md		deceased liv	ed. If institution b. COUNTY	Garret		ision)
			outside corporate limit	s, write	one da		c. CITY OR TOWN				URAL ond give	nearest fow	m)
10		OR INSTITUTION	unty Memor				d. STREET ADDRE		,			ON.	SIDENCE A FARAS?
		NAME OF DECEASED Type or print)	Sarah	it .	Pruder		lest Moon		DATE OF DEATH	Mon	th 8	Doy	Yeor 10 59
	5. 5	ex F emal e	6. COLOR OR RACE	7. MARI WIDOW	RIEDE NEVER MARR		ay 5, 188	33	9.	AGE (In years low by heav) yrs	IF UNDER 1 YE Months Doy		ER 24 HRS Min
	10a	USUAL OCCUPATIO during most of works Housewif	ng lite, even it ratired)	one 10b	wn Home	OR INDUS	West V			ry)	U.S.		COUNTRY
1	13.	Jesse H	. Shaffer	,			Carolin			np			
4	15. (Yes		IN U. S. ARMED FORG 1 year, give wor or dates of se		SOCIAL SECURITY NO		E. Friend	l	Mit	Add. Lake	Park,	Md.	
		PART 1, DEAT	mediole (DUE TO	sse per li	ne toy (o), (b), and (c)	1 19 5c	Cerozi	~ (1-x2	up	1	ii o	SET AND	etween DEATH (242)
٥	FICATION						NOT RELATED TO THE TO				EN IN PART I(o	PERF	AUTOPSY ORMED?
	_	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. P. m.			NJURY OCCURRED	20e. PL/	CE OF INJURY (Home, tory, street, office bldg	form, 20			{Coun	ly)	(Stote)
3	,	21. I certify the	at 1 attended the pril 9,		ed from Jul	death	, 1916, 10 occurred at 6:1	LOP_W	, from t	1959 ne causes a city or town,		date stat	decease ed above ATE SIGNE
			. Andrew E						d, No				
		BUT ST SHOCITY)	1, 226 DATE THEREO		Red Hous	SE C	crematory emetery	22d.	ear	oaklan	or county)	(Sto	fe)
		JUNERAL DIRECTOR'S			ADDRESS				REGISTRAR		TRAR'S SIGNAT	Ch I the	



Jol director, be filed with ith. Page 4 H and 2 should UDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be execused minimized may be retained by the statement of the physician and completely filled to FUNERAL DIRECTAL. After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remaye action, papers. Pages 1 of the registror prior to burial, cremation, ar removal, and in any event within 72 haufs after death.

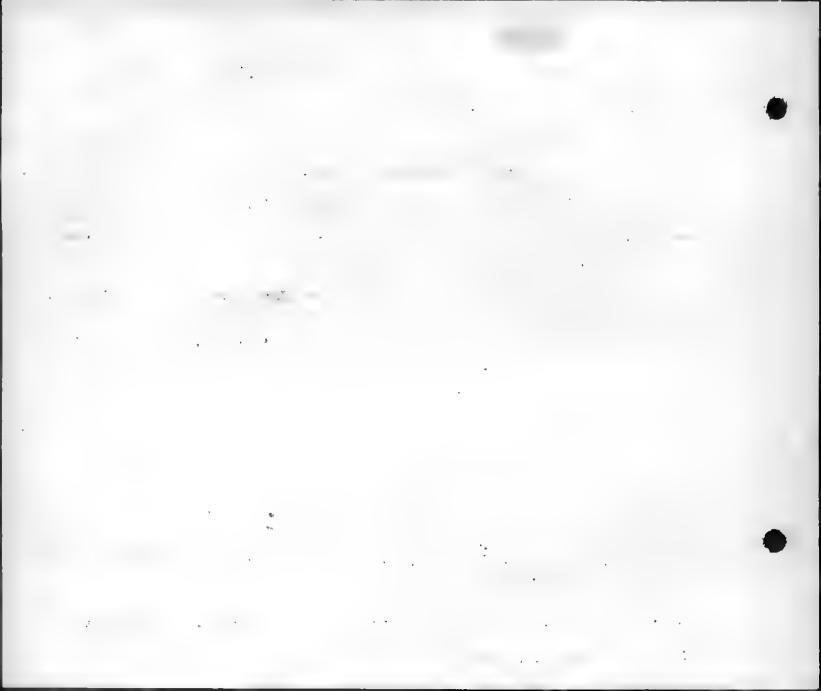
VS A1S (4) 1SM 9/SB

, MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4389

CERTIFICATE OF DEATH

()4377 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Garrett MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE West Virginia b COUNTY Preston							
b. CITY OR TOWN RURAL and give n Oaklar	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Terra Alta											
d name of hospi or institution	Evans Nursi				d. STREET A	DDRESS						FARM?
3. NAME OF DECEASED (Type or print)	De	vid	Middle Washi r	igtor	Nesto	c	4. DATE OF DEATH	Apri	Month 11	27 D	- 6	Year 19 59 .
5. SEX Male	6. COLOR OR RACE	7 MARRI WIDOWE	ED NEVER MARRIE	_ (October			9. AGE (In) last birth	years IF UN day) Magt yrs 5		Hours	R 24 HRS Min
100 USUAL OCCUPATION during most of working for the Retired Far 13. FATHER'S NAME	ON (Give kind of work rking life, even if refired FIRE F	Get	CIND OF BUSINESS O			Georg	ge, Wes			U. S		OUNTRY?
15 WAS DECEASED EV	Scott Nesto ER IN U. S. ARMED FOR (If yes give wor or dates of s	CES? 16. 9	SOCIAL SECURITY NO	Mri	Mary IFORMANT Flore		sh, Ki	irgwood	Address 1, Wes	t Vir	ginia	A .
1	immediate DUE TO	Co	terior		celusi	an fu	ithe	lufa	derla	Res /	ERVAL BE	DEATH
CATIC	THER'S GNIFICANT CON									PART I(o)	PERFO	AUTOPSY RMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		RIBE HOW INJURY O						B)			
ZOc. TIME OF INJU Hour o. m. p. m.	10	While at work	Nat while		CE OF INJURY (Flory, street, office			or tawn)		(County)	,	(Stote)
21. I certify the alive on Actual SIGNATURE	hat I attended the	decease , 19.5	1 1	death	accurred at		M, from (ADDRESS (St. Alta,	the cause teet, city or	town, state)	the date	e stated	d above
PHYSICIAN'S NAME (Type)	WILLIAM B											
Removal (Specific	on, 226. DATE THERECO		Maplewood						own, or coun		(Stol	ej
23 FUNERAL DIRECTOR	R'S SIGNATURE	A 65	ADDRESS Terra Al	ta,	W.Va.		ADD 2 R		REGISTRAR'S			



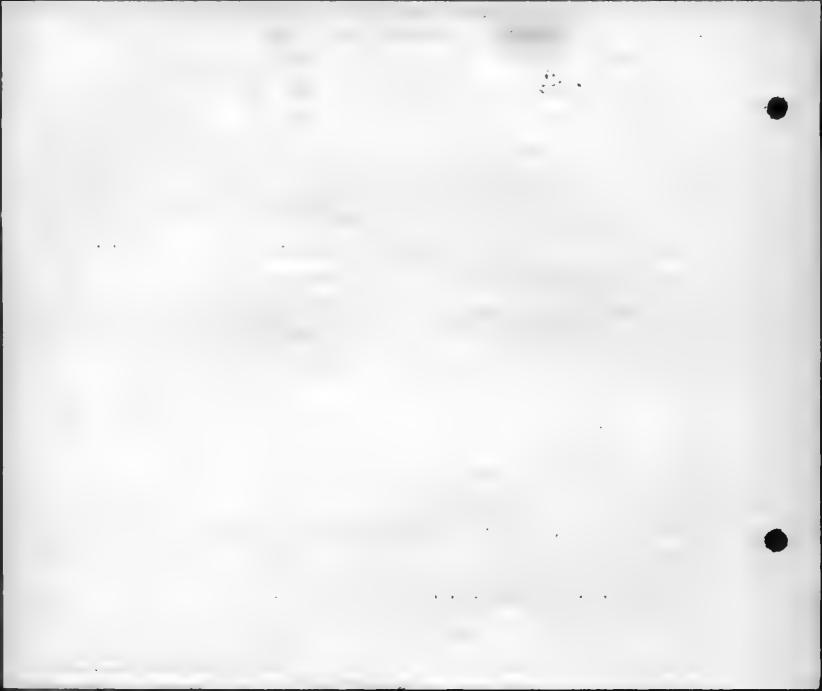
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4398 CERTIFICATE OF DEATH

(14378 Reg. Dist. No.

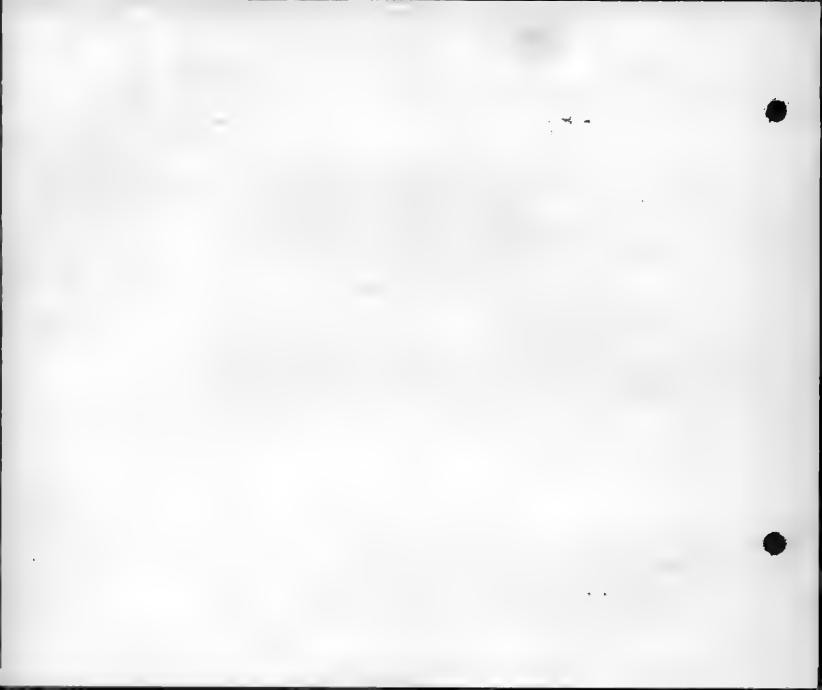
1.	PLACE OF DEATH	t - t		MARY	LAND	2 USUAL RESI			d lived, If instill	ITY			ion)		
<u> </u>	b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16						Maryland Garrett								
	RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)									
	Oakland 36 days d. NAME OF HOSPITAL (If not in hospital, give street address)						d. STREET ADDRESS e IS RESIDENCE								
	OR INSTITUTION					G. SIREEI A					1	ON A	FARM?		
H		ounty Memo		Hospital		<u> </u>	127 5	T	Street			YES [ио)		
3,	NAME OF DECEASED	Fir		Middle		Los		4. DATE Of	A	Aonth	Doy		Year		
	(Type or print)	Villia		Renn		Offi	utt	DEATH		4	5		1959		
5.	SEX	6. COLOR OR RACE	7. MARE	RIED A NEVER MARRIE	D [B. DATE OF BIRTI			AGE (In year lost birthday	r) IF UND!	RIYEAR				
L	Male	White	WIDOWI		-	4/11,	/1878		CO y		Doys	Hours :	Min		
10	during most of work	N (Give kind of work and life, even if retired	done 10b.	KIND OF BUSINESS O	RINDUS	TRY 11. BIRTHPL	ACE (State	ar foreign c	ountry)	12 C	ITIZEN O	F WHAT	COUNTRY		
	Lawver	ing the, even it telled	'	Law		Oak-	land	Maryl	hae	1 77	S.A.				
13	FATHER'S NAME			LGW		14 MOTHER'S	MAIDEN N	IAME	BUILUI.	1 1	allatte				
	Daniel Fd	ward Offut	-			Do-	11. 0.								
15	WAS DECEASED EVER	IN U S ARMED FOR	CES? 16	SOCIAL SECURITY NO.	. 17. H	NFORMANT	rre se	ymour		ddress					
ţı	Unknown 1	If yes, give wer or dates of s	ervice)			Jane Off	intt F	Burton							
-		TH [feder only one co	use per lu	ne for (a) (b) and (c) i				7012 0011			LINITE	DVAL DE	TIMEENI		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) + CRO 2 COLL (b) + 200 COLD - (a) (a) COLD - (a) COLD - (b) COLD - (b) COLD - (c)									DEATH					
	430,0 DUE TO 1														
	Conditions, if any, which (b) CANONIS (CONONIS)														
	cause (a), stating the under-														
	lying cause last. (c)														
CATION	PART II. O'PH	ER GNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN PA	ART 1(a) 19	WAS .	AUTOPSY RMED?		
3	I mine wow head her ill I sman												NO 💽		
CERTIFI	20o. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OF	CORREC). (Enternature a	f injury iref	ort I or Por	l II of item 18.)						
Ü	(IF EITHER, NOTIFY	MEDICAL EXAMINER)													
MEDICAL	20c. TIME OF INJURY	Month, Day, Yes	CE OF INJURY	Home, form,	20f. (City	or town)		(County)		(State)					
AEDI	Hour o.m.	19	While	Not while	toc	tory, street, affice	bldg., etc.	1							
^					when	100.7	. (1)	Lait	1	σ.					
Н		at I attended the	decease					177 K.X	19.	_].,that	l last sa	w the	deceased		
	alive anA	1317 - 34	19.5	27, and that	death	accurred at					the dat				
П	ACTUAL	()).		na-ton.			Ans	ADDRESS (SI	reel, city or tov	vn, state)	/s 1	ا ا - ا	ATE SIGNED		
	BENETULE	1. 11/10	w	6-50KOV	/	M.D. Zes	<u>a v v</u>	ار ۱۱			4	121	5-9		
	PHYSICIAN'S		¥)									- 1		
	NAME (Type)			f. H.D.		Oal	kland,	Hary	land						
22	9- BURIAL, CREMAT OF REMOVAL (Specify)	4, 22b. DATE THEREO	F	22c. NAME OF CEME	TERY OF	CREMATORY		22d LOCAT	IION (City, taw	n, or county		(Stot	e)		
	burial	1 4/8/50		0:41.:0	Ce.	acter c		Oaki	Tiu	, C T.	i Livo	L			
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		,		BY REGIST		GISTRAR'S					
1	er da i.	.in ich	1 3	. •	11	2.4	DATAPR	1 3 '59	a	rthung 8.	House				



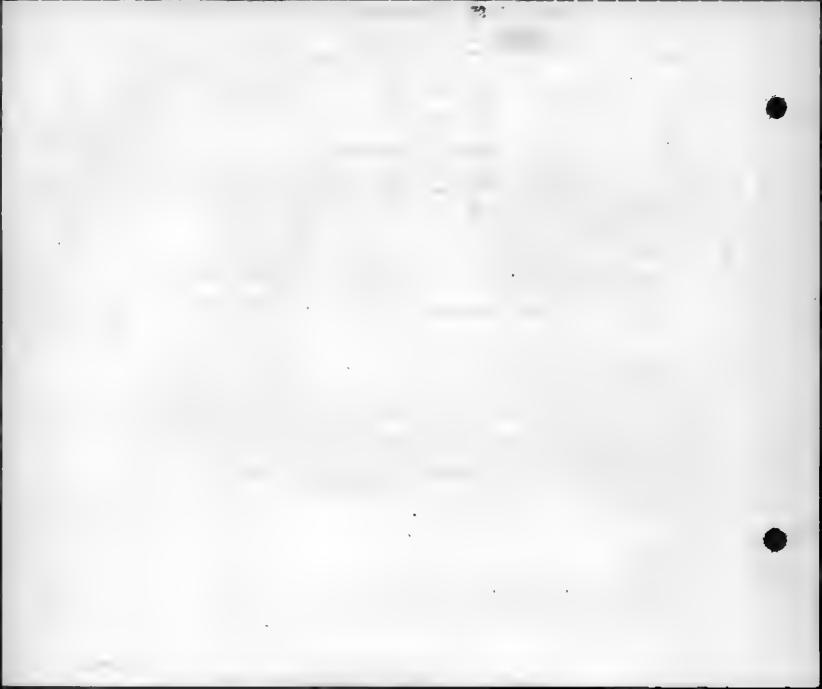
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executed within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No director, iled with death. Page). PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY Pali **b** COUNTY MARYLAND Maryland Allegheny Garrett b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Cumberland Oakland, Md. davs after d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Garrett County Memorial Hospital Mechanic Street .5 NAME OF Middle 4. DATE Month Filled DECEASED Frederick (Type or print) DEATH William Ruhl 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years lost birthday) completely Months WIDOWED T DIVORCED [61 yrs Mala White 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) U.S.A. Unemployed and Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Ruhl Sadie Hanks 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address George E. Ruhl, Cumberland, Md. Unknown altending 18. CAUSE OF DEATH [Enter only one couse per line for (o) (b) and (c).] 7 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Aug Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (o), stoting the underburial-transit lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY E 3 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port f or Part II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED [County] factory, street, office blag., etc.) Hour o. m. While Not while at work of work p. m haspital March, 1958, 10 this 21. I certify that I attended the deceased from... 1952 1. that I last saw the deceased and that death accurred at 1:55P.M. from the causes and an the date stated above. alive on ADDRESS (Street, city or town, stote) FUNERAL DIRECT ACTUAL SIGNATURE å prior

Page 2 V5 A15 (4) 15M 10/57

shauld

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

E. I. Baumgartner

Greenmount Cem-John J. Hafer. Cumberland, Md. DATE ADR 2 9 '59

22c. NAME OF CEMETERY OR CREMATORY

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

Cumberland. Md. 24a, REC'D BY REGISTRAR

Oakland, Maryland

Orihing S. Kraus

04381

Days

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19 -50

Hours

INTERVAL BETWEEN

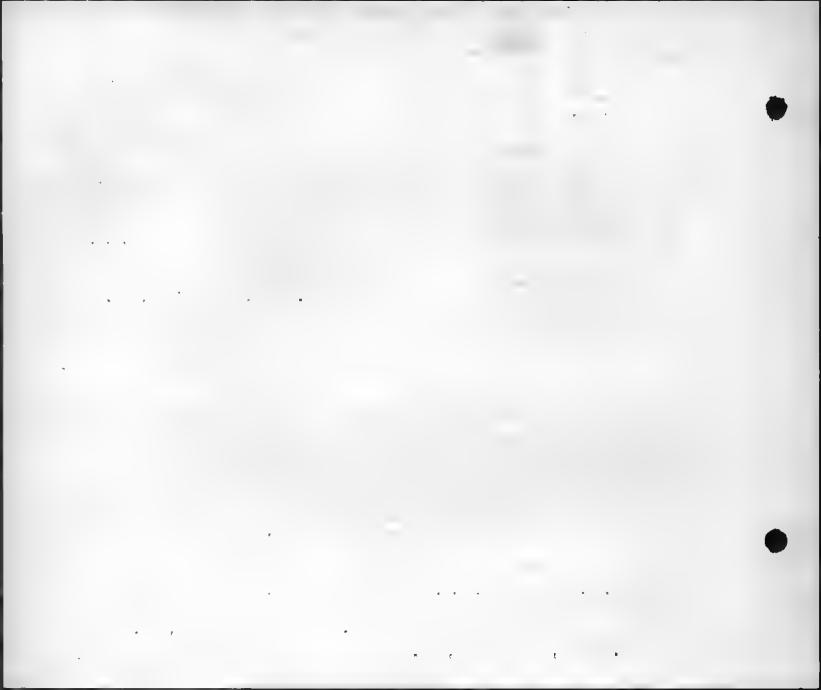
ONSET AND DEATH

PERFORMED? YES NO []

(State)

DATE SIGNED

(Stote)



25/FUNERAL DIRECTOR'S SIGNATURE

(Year)

IF UNDER 24 HRS

NO

(State)

ADDRESS

Oakland, Md

TO FUNERAL DIRECTOR:

24. REC'D BY REGISTRAR

DATE

REGISTRAR'S SIGNATURE

Dirthur & House



certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CONTRACTOR OF STATE SHEARING TO PRESENT STATE CHARTERAN

TO FUNERAL DIRECT

VS A1S (4) 15M 10/S7

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4396

CERTIFICATE OF DEATH

Reg. bist. No. 84

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decoased lived. If institution: Residence before odmission) o. STATE b. COUNTY Grant											
Garrett												
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)											
Oakland	8 days 9 hours	Bayard		85	X- 3		V					
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		***************************************			SIDENCE					
Garrett County Memorial	Hospital						A FARM?					
3. NAME OF First	Middle	Last	4. DATE OF	Mon	th	Doy	Yeor					
(Type or print) Maude		White	DEATH	Apri	1 3		1559					
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years	7	YEAR IF UND						
female white wow	ED 🖾 DIVORCED 🗌	May 11, 1876	8	St birthday) 2 yrs.	Months D	ays Hours	Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	ar fareign country	r)	12. CITIZ	EN OF WHA	COUNTRY?					
housewife		Marvla	ind		II.	U.S.A.						
13. FATHER'S NAME		14. MOTHER'S MAIDEN				-111						
Hopwood Kildow		E157	abeth St	ייייי פ								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. H	NFORMANT	our on ou	Add	ress							
(Yes, no. or unknown) (If yes, give wer or dates of service)	Mr.	s. Roy Layton	Rayrand	Tot Wa	Do	mahtar						
18. CAUSE OF DEATH [Enter only one couse per li		s. toy hay our	, payaru	, Wave	Da							
PART I, DEATH WAS CAUSED BY:	the for the total (c).	*	6	-1.	>	ONSET AND	DEATH					
IMMEDIATE CAUSE (o)	IMMEDIATE CAUSE (o) Welliaman a language of the first											
4 50,0 DUE TO	450,0 DUE TO 24											
Conditions, if any, which (b)												
cause (a), stoting the under-	gove rise to immediate Cause (a), stating the under-											
lying couse lost. (c)	him in the same last											
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIV	EN IN PART	(a) 19. WAS	AUTOPSY					
\[\frac{1}{5}\]							DRMED?					
PART II. OTHER SIGNIFICANT CONDITIONS OF STATE O	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Part I ar Part It of	item 18.)								
3 20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY IHame, for	n, 20f. (City or to	own)	ICo	unly)	(State)					
20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. While p. m. 19 of wor	FIGH WILLIE	tary, street, office bldg., etc	i.)				(,					
	70 / (0)	10 / 18	1.11 3		,							
21. I certify that I attended the deceas		1955, to 66	0366 J	1927	that I la	st saw the	deceased					
alive an Special 195	27, and that death	accurred at 12:40				date stat	ed abave					
ACTUAL AL ANDRES	? Man	1-	ADDRESS (Street,	city or town,	stote)	37	ATE SIGNED					
SIGNATURE TURNELLE F	mana,	v.D. Ala	1CKUSI	0 /1	10	SU	mjez					
PHYSICIAN'S Dr. Andrew E	. Mance. M.D.	Oaklan	d. Wd.		/	/	/					
220. BURIAL CREMATION 27h DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION	(City, town	or county)	(Sto	tel					
During (Specify) 4/5/50	Bayard Ceme		Bayara	THE R. L. L.	44.	minia	-1					
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR		TRAR'S SIGN	3						

